



Kentucky Children's Health Insurance Program

—IMPORTANT ANNOUNCEMENT—

TO APPLY FOR KCHIP AND MEDICAID FOR CHILDREN

Beginning July 1, 2002, the initial application for KCHIP and Medicaid for children will be through a face-to-face interview at the local Department for Community Based Services (DCBS) office in the county where the child lives. The face-to-face interview will provide parents and caregivers with an opportunity to choose the child's primary care provider; offer information about KCHIP and Medicaid; and provide guidance on completing the application process quickly and accurately. The mail-in application **will no longer** be accepted. To arrange for an appointment, contact your local DCBS office or go directly to the local office to apply.

When you apply, you will:

- ◆ **CHOOSE YOUR CHILD'S PRIMARY HEALTHCARE PROVIDER**
- ◆ **TALK WITH THE WORKER ABOUT OTHER BENEFITS YOUR FAMILY MIGHT BE ELIGIBLE FOR**
- ◆ **LEARN ABOUT HEALTHCARE BENEFITS THROUGH KCHIP AND MEDICAID**
- ◆ **LEARN ABOUT HOW TO USE YOUR KCHIP OR MEDICAID HEALTHCARE CARD**

When you go to the office, you need to take the following things:

- √ **PROOF OF INCOME**
 - ◆ **For wages** bring copies of pay stubs for the last **two months** or a letter from your employer. The letter should include your wage, employer's name, address, phone number and original signature. For self-employment bring a copy of your last income tax return.
 - ◆ **For unearned income** bring most recent award letter or other proof of amount. Examples of unearned income include: KTAP, disability, pension, child support, alimony, cash gifts, annuities, interest, social security, veteran's benefits, etc. For child support, include copies of checks, a statement from the non-custodial parent, or a statement from the child support collection agency in your county.
- √ **PROOF OF CHILDCARE EXPENSES OR EXPENSES FOR A DISABLED ADULT LIVING IN THE HOME** – Bring copies of receipts or a statement from the care provider.
- √ **HEALTH INSURANCE INFORMATION** – If anyone has health insurance that pays for doctor's office visits and hospital, we will need the following information: A) Insurance Company; B) Group Number; C) Policy Number; D) Effective Date; E) Policy Holder; and F) Who is Covered.

If you have questions, contact your local DCBS office. You may also call these toll free numbers for assistance.
1-877-KCHIP-18 (1-877-524-4718) or 1-877-KCHIP-19 (1-877-524-4719) for the hearing impaired
Para asistencia en español, llame al 1-800-662-5397

To Renew KCHIP and Medicaid for Children, see other side.



Kentucky Children's Health Insurance Program

TO RENEW KCHIP AND MEDICAID FOR CHILDREN

If your child has KCHIP or Medicaid, you will need to renew your application every 12 months. Beginning July 1, 2002, you will receive a renewal notice in the mail prior to your membership's expiration to remind you that it is time to renew your application.

*To renew (or recertify) you **MUST** do the following:*

- ✓ **COMPLETE, SIGN AND RETURN THE RENEWAL FORM OR COMPLETE A TELEPHONE INTERVIEW**
- ✓ **SEND PROOF OF INCOME**
 - ◆ **For wages** send copies of pay stubs for the last **two months** or a letter from your employer. The letter should include your wage, employer's name, address, phone number and original signature. For self-employment send a copy of your last income tax return.
 - ◆ **For unearned income** send most recent award letter or other proof of amount. Examples of unearned income include: KTAP, disability, pension, child support, alimony, cash gifts, annuities, interest, social security, veteran's benefits, etc. For child support, include copies of checks, a statement from the non-custodial parent, or a statement from the child support collection agency in your county.
- ✓ **SEND PROOF OF EXPENSES FOR CHILDCARE OR DISABLED ADULT LIVING IN YOUR HOME** -Send copies of receipts or a statement from the care provider.
- ✓ **SEND HEALTH INSURANCE INFORMATION**— You are required to inform your caseworker If anyone has health insurance that pays for doctor's office visits and hospital, we will need the following information:
A) Insurance Company; B) Group Number; C) Policy Number; D) Effective Date; E) Policy Holder; and F) Who is Covered.

Failure to provide complete information about wages, unearned income, or health insurance could result in a loss of benefits or prosecution for fraud.

If you fail to respond by the date printed on the notice mailed to you, your child's coverage will **STOP**, and you will need to go to your local Department for Community Based Services (DCBS) office to reapply.

If you have questions, contact your local DCBS office. You may also call these toll free numbers for assistance.
1-877-KCHIP-18 (1-877-524-4718) or 1-877-KCHIP-19 (1-877-524-4719) for the hearing impaired
Para asistencia en español, llame al 1-800-662-5397

To Apply for KCHIP and Medicaid for Children, see other side.